



Workers' Compensation Surcharge Quarterly Remittal Form

INSTRUCTIONS:

Each Plan 2 Insurer and Plan 3, the State Fund, shall remit to the department all assessment premium surcharges collected during a calendar quarter by not later than 20 days following the end of the quarter. **REPRODUCE THIS FORM AS NEEDED**

Remit Payment to: Fiscal Support Bureau, PO Box 1728, Helena, MT 59624

Fiscal Support Bureau, 1327 Lockett, Helena, MT 59601

Insurer Name _____ **DLI#** _____
Group Name _____
Assessment Contact Name _____
Assessment Address _____

City _____ **State** _____ **Zip Code** _____
Assessment E-Mail Address _____

Please complete the following:

Premium Amount Assessed Against: _____ **Quarter Ending Date:** _____

For Agency Use Only:

520318

Administration Fund Surcharge

521138

Subsequent Injury Fund Surcharge

Total Remittance

Quarter Ending Date:	Sept 30 (07/1 - 09/30)	Dec 31 (10/1 - 12/31)	Mar 31 (01/01 - 03/31)	Jun 30 (04/1 - 06/30)
REMIT BY:	20-Oct	20-Jan	20-Apr	20-Jul

Penalty and Interest will be billed, under separate cover, for payments received after the date.

Late Penalty for Admin Surcharge is \$500.00

Late Penalty for SIF Surcharge is \$100.00

Interest rate of 12% per year will be applied to late payment amounts

Contact Person Printed Name & Signature **Phone** **Ext**

Employment Relations Division, PO Box 8011, Helena, MT 59604-8011

Surcharge Form Revised 04/2004

Form can be found on our internet site: <http://erd.dli.state.mt.us/wcregs/surcharge.asp>